

## Disclosure of Financial Interests

The intent of this Disclosure of Financial Interests is to allow Texas Oral Health Coalition, Inc. (TxOHC) the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its continuing education activities. **All faculty, planners, speakers or authors of TxOHC sponsored activities are expected to disclose to TxOHC any relevant financial relationships with any commercial or personal interest that produces health care goods or services related to the content of an educational presentation.** Faculty, planners, speakers and authors must also disclose where there are any other potentially biasing relationships of a professional or personal nature. **This disclosure applies to themselves and their spouse or partner over the last 12 months.**

### Glossary of Terms

**Conflict of Interest-** Circumstances create a conflict of interest when an individual has an opportunity to affect continuing education content about products or services of a commercial interest with which he/she has a financial relationship.

**Commercial Interest-** Any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not considered to be commercial interests.

**Financial Relationships-** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria for promotional speakers' bureau, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received, or expected. Relevant financial relationships would include those within the past 12 months of the person involved in the activity and a spouse or partner.

**Off Label-**The use of products for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).

Do you and/or your spouse or partner have any potentially relevant financial or biasing relationships, including relationships with proprietary entities producing health care goods or services related to your role with planning or presenting continuing education events?

No  Yes

If yes, please identify the company and the nature of this relationship [Please indicate the full name of the commercial interest(s)/organization(s) next to the best description of the relationship(s).]:

Grants/research support: This ECHO presentation is funded by HRSA grant for Geriatric Academic Career Award (GACA)

Consultant: \_\_\_\_\_

Stock shareholder (directly purchased): \_\_\_\_\_

Honorarium: \_\_\_\_\_

Speaker's Bureau: \_\_\_\_\_

Employee of a commercial interest organization: \_\_\_\_\_

Board of Directors or other Leadership Role: \_\_\_\_\_

Other financial or material support: \_\_\_\_\_

**Name (please print):** Maryam Tabrizi

**Signature:**  **Date:** 11/21/2020

## Biographical Information Form

(Speakers/Presenters/Authors)

All speakers/presenters and authors are required to submit biographical information early in the event planning process. A previously prepared resume may be submitted in place of this form.

**Name with**

**Credentials:** Maryam Tabrizi DMD, MPH, CFMP

**Address:** 7500 Cambridge Street

**Phone Number:** 713-486-4045

**Email address:** Maryam.tabrizi@uth.tmc.edu

**Current Employer:** University of Texas Health Science Center at Houston

**Current Position/Title:** Full time Assistant professor

Degrees	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
DMD	Philadelphia, PA	Dentistry	1991
MPH	Philadelphia, PA	Public Health	2014
CFMP	Houston, TX	Functional Medicine	2018

Residency	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded
NA	-	-	-

Use the space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing education and your particular role, e.g., speaker, presenter, peer reviewer, administrator, etc.:

Dr. Tabrizi graduated dental school in 1991 from Temple University School of Dentistry in Philadelphia, PA. She practiced in her private dental office until 2011, where nursing home bound individuals were a part of her practice.

In 2011, Dr. Tabrizi began teaching full time at Temple University in Philadelphia. Until she was offered a full-time position at the University of Texas School of Dentistry at Houston- UTSD to develop a geriatric oral health curriculum and lead a geriatric educational rotation for dental and dental hygiene students in community nursing homes.

She is a nationally and Internationally recognized geriatric dentist. She has been invited as a speaker in numerous symposiums, and dental meeting locally and around the world. Dr. Tabrizi provides Continue Education courses on gerontology for local dentists and dental hygienists. She has published articles in local and national dental Journals.

She serves in multiple professional organizations such as:

American Public Health Association (APHA), Gerontological Society of America- GSA, American Dental Education Association (ADEA) /Gerontology and Geriatric Dentistry section- Chair, American Association of Public Health Dentistry (AAPHD), Special Care Dentistry Association (SCDA), and American Public Health Association (APHA)- Aging section serving as Section program director.